

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		1				
6	1					
7		1				
8		1				
9		3				
10		3				
11			1			
12				1		
13				1		
14				1		
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45			1	1		
46			1	1		
47			1	1		
48			1	1		
49			1	1		
50			1	1		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						